

**DEATH CERTIFIER  
(Physician, Physician  
Assistant, APRN)  
MANUAL FOR THE  
NEBRASKA  
ELECTRONIC DEATH  
REGISTRATION  
SYSTEM**

**June 9, 2016**

Once you are set up in the system, you will receive an email from the DHHS help desk with your User ID, a temporary password and a link to the password station with instructions.

The password station will be used to change passwords, unlock accounts, and to reset passwords if they are forgotten. Passwords must be at least 8 characters in length and include at least three of the following criteria:

- Upper case letter
- Lower case letter
- Number
- Symbol

You will receive an email notification beginning 15 days in advance when it is about to expire.


The web site link is: <https://passmanext-dhhs.ne.gov/AIMS/PS/>

Primary Account

User ID:

Privacy Policy & Terms of Use

This system is for use by authorized users only and I represent and warrant that I am an authorized user. Any individual using this system, by such use, acknowledges and consents to the right of the Company to monitor, access, use, and disclose any information generated. Unauthorized and/or improper use of this system, as delineated by Corporate policies, is not tolerated and the Company may take formal action against such individuals.

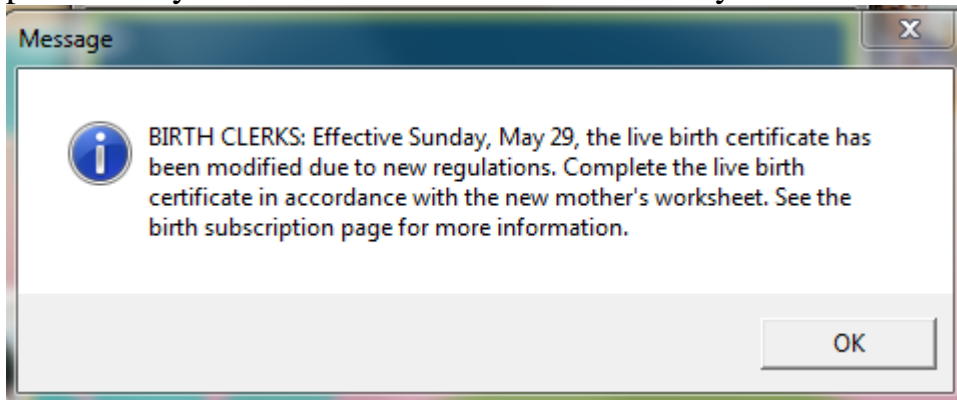
Copyright © 1995-2015 Avatier Corporation. 

You will also receive installation instructions for the Nebraska Vital Records Electronic Registration System from Vital Records staff. Once the installation instructions have been completed and you have set up your password via the password station, you will be ready to log into the system.

The production web site link is:

<https://vitalrecords-dhhs.ne.gov/VrWebprod/Login.aspx>

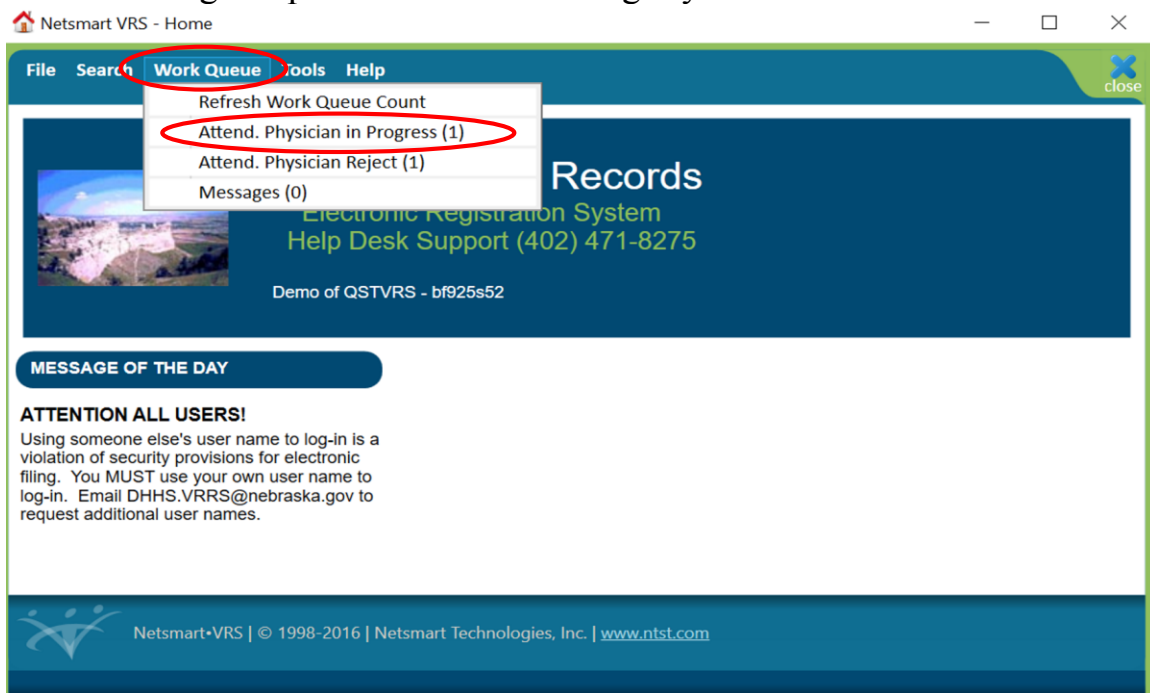
When logging in, you may see a brief broadcast message. Please read if it pertains to you. Select Ok to continue into the system.



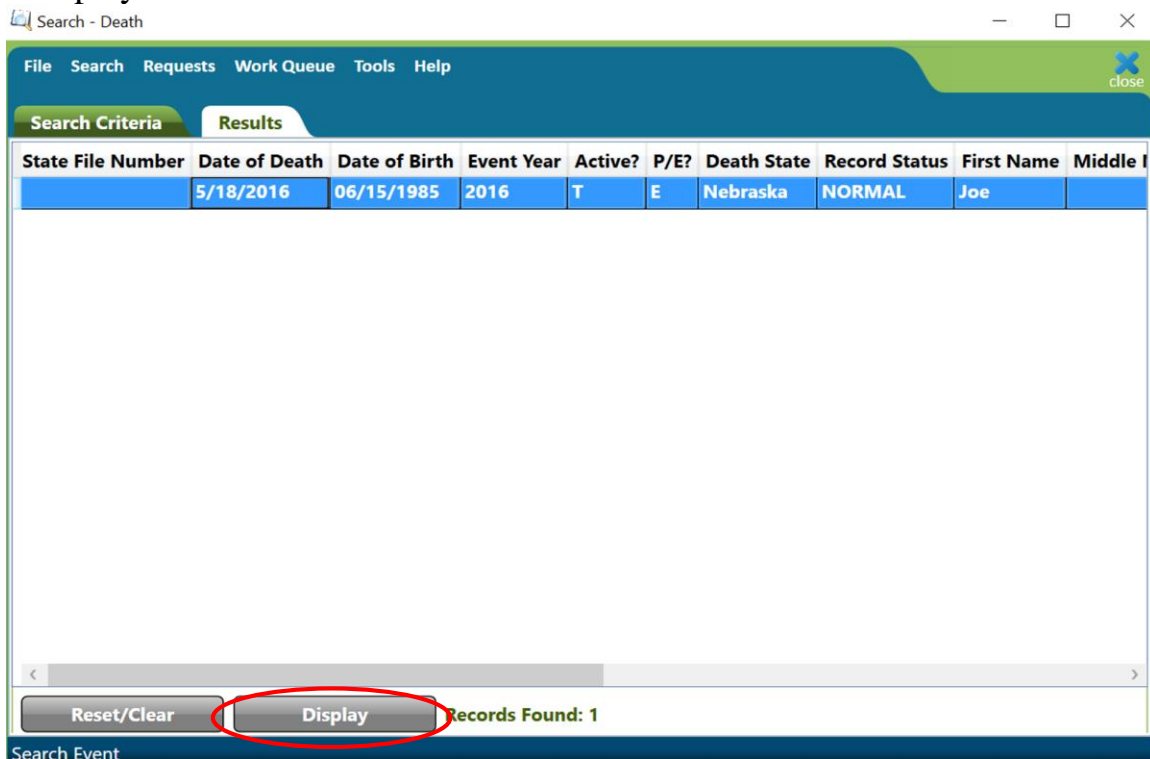
If you have multiple locations, highlight by clicking on the location that contains the record that you need to complete. Then click on the “Select” button. Otherwise, when logged in, you should see following picture with the Sandhill Cranes. The “Training” system will have a different picture:



When you have records to complete, select “Work Queue” and then “Attend. Physician in Progress” and that will display the list of records to complete. The following is a picture of the “Training” system.



Select by clicking on the record that you need to complete and select “Display”.



The system security is by user location. Therefore, you may see records in your work queue that are assigned to other certifiers in your office. This allows anyone set up to use the system at your location to have access to the records. If you are not available to complete a record, this allows another certifier at your location the ability to complete the record for you. We also have a user role for other employees located in your office. Depending on how your office is set up, they can enter part or all the information required. Their role can do everything the certifier role can do except sign records.

When you have a record to complete, you or your office staff should receive notice depending on your preferred method of contact. If by email, email notifications are automatically generated when the funeral home assigns the record to the certifier and saves the record. Up to two email addresses can be notified. The email address(s) does not need to be the certifier's. Use whatever works best for how your office functions. If the preferred method is by fax, the funeral home will fax the notification through the system. If you are completing death records by fax attestation, certifiers will not need to sign onto the system to complete death records. Someone on your staff will do the entry into the system and the certifier will be attesting by fax. This method works well if you seldom have a death record to complete. If you are interested in this method, please contact the Vital Records office for more information.

When the record is “Displayed”, the following screen will appear:

The screenshot displays a web-based application window titled "Death (Event Year = 2016)". The interface includes a menu bar with options: File, Search, Requests, Actions, Work Queue, Linking, Tools, and Help. Below the menu is a navigation bar with tabs: Decedent, Dec History, Disposition, Cause of Death (selected), Certifier, Demographics, Complete, Flags, and Fax. The main form area contains the following sections:

- Decedent Information:** Fields for "Decedent First Name" (Joe) and "Decedent Last Name" (Bloy).
- Pending Investigation:** A checkbox that is currently unchecked.
- Cause of Death (Part 1):** A section titled "Enter the chain of events that directly caused death." containing:
  - a. Immediate Cause (Final disease or condition resulting in Death):** A text input field with a yellow background and a corresponding "Approx. Interval - Onset to Death" date field.
  - List Conditions leading to the cause on line A:** A section with four rows (b, c, d) for "Due to or as a Consequence of", each with a text input field and an "Approx. Interval - Onset to Death" date field.
- Cause of Death (Part 2):** A section titled "Other significant conditions contributing to death." with a text input field.

At the bottom of the window, a status bar indicates "Editing an existing event." and "0 Alerts:".

The cursor will be at the first field that you need to enter (goldish-yellow). If you need to see information that the funeral home entered, you can select the other tabs such as the “Decedent” tab. You will be able to view but not change this information. If you think the date of death entered by the funeral home is incorrect, please contact the funeral home. The funeral home’s contact information is under the “Disposition” tab.

Enter the immediate cause of death in Part 1, line a. **Do not** enter terminal events such as Cardiac Arrest or Respiratory Arrest without showing the etiology on the next lines.

Use your **Tab** key to navigate through the system. This will help make sure that all required fields have been completed.

The underlying cause of death or what triggered the chain of events that led to death should be entered last. In the example below, Septic Shock should not be entered without showing the etiology. Depending on what is entered, you may get various pop-ups. This helps with getting the cause of death completed correctly. This reduces the number of records that may be rejected or queried back to you. In the example below, Override the edit and provide additional information in the lower lines. The Approximate Interval from Onset to Death on line “a” is required. If this interval is not known, enter Unknown.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Certifier Demographics Complete Flags Fax

Decedent First Name Decedent Last Name  
Joe Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death  
**Septic Shock**

List Conditions leading to the cause on line A

Data Entry Exception

The condition you reported (Septic Shock) usually develops as a complication of another more specific condition. Was there a specific underlying condition in this case? If so, please report it in the lower boxes in Part I, and override this edit.

Bypass Variable Values  
Queried and Verified - 1  
Queried - Not Verified - 2  
Review Needed - 3  
Query Needed - 4

Field Name: IMMED\_CAUSE\_DEATH  
Field Label: a. Immediate Cause (Final disease or condition resulting in Death)  
Tab Section: Cause of Death  
Paragraph: Cause of Death (Part 1) Enter the chain of events that directly caused d  
Edit Number: 10  
Query Location:

Missing Variable Values  
Query Location

Re-Key Override Query Field Skip

Approx. Interval - Onset to Death  
Approx. Interval - Onset to Death  
Approx. Interval - Onset to Death

If something is misspelled, a red underline will appear under the word.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Decedent First Name Decedent Last Name  
Joe Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death  
Septic Shock Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death  
Infected Decubitus Ulcers

c. Due to or as a Consequence of Approx. Interval - Onset to Death  
Complications Of Cerebral Infarction

d. Due to or as a Consequence of Approx. Interval - Onset to Death  
Cerebral Artery Atherosclerosis

Cause of Death (Part 2)  
Other significant conditions contributing to death.

Editing an existing event. 0 Alerts:

Right click on the word and if the spell check dictionary has an alternative, a list will appear. If available, just select the correct spelling.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Decedent First Name Decedent Last Name  
Joe Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death  
Septic Shock Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death  
Infected Decubitus Ulcers

c. Due to or as a Consequence of Approx. Interval - Onset to Death  
Complications Of Cerebral Infarction

d. Due to or as a Consequence of Approx. Interval - Onset to Death  
Cerebral Artery Atherosclerosis

Cause of Death (Part 2)  
Other significant conditions contributing to death.

Editing an existing event. 0 Alerts:

The following is an example of a properly completed Cause of Death section.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Certifier Demographics Complete Flags Fax

Decedent First Name: Joe Decedent Last Name: Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) **Septic Shock** Approx. Interval - Onset to Death: Hours

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of **Infected Decubitus Ulcers** Approx. Interval - Onset to Death:

c. Due to or as a Consequence of **Complications Of Cerebral Infarction** Approx. Interval - Onset to Death:

d. Due to or as a Consequence of **Cerebral Artery Atherosclerosis** Approx. Interval - Onset to Death:

Cause of Death (Part 2) Other significant conditions contributing to death.

**Insulin-dependent Diabetes Mellitus**

Editing an existing event. 0 Alerts:

Please do not use abbreviations. Some abbreviations may have multiple meanings. If you happen to abbreviate, the system will try and replace the abbreviation.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition **Cause of Death** Cer

Decedent First Name: Joe

Pending Investigation

Cause of Death (Part 1) a. Immediate Cause **COPD**

List Conditions

**Questionable Cause**

Please do not use abbreviations to report cause of death.  
We think that [COPD] may be meant as an abbreviation for [Chronic Obstructive Pulmonary Disease].  
Click OK to accept our assumption and replace the entire field, or CANCEL to revise the text yourself.

OK Cancel



In the example above, if OK is selected, the abbreviation will be replaced.

✓ Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools

Decedent Dec History Disposition Cause of

Decedent First Name Decedent Last Name

Joe Bloy

Pending Investigation ☐

Cause of Death (Part 1) Enter the chain of events that directly

a. Immediate Cause (Final disease or condition resulting in D

Chronic Obstructive Pulmonary Disease

If the decedent was a male as is the case in this example, the pregnancy question will be protected and you won't need to answer it. You also won't need to answer if a female and outside a certain age range. If the field is not protected, then it will need to be answered.

Cause of Death (Part 2)

Other significant conditions contributing to death.

Insulin-dependent Diabetes Mellitus

Cause of Death (cont)

Female Pregnant 8. NOT APPLICABLE. Manner of Death

Was Medical Examiner or Coroner Contacted? Autopsy? Were Autopsy Findings Available to Complete Cause of Death?

Injury

Transportation Injury? If Transportation Injury

Date of Injury Known? Date of Injury Time of Injury am/pm Place of Injury Injury at work?

Describe how Injury occurred

If you enter anything other than Natural Causes in the Manner of Death, you will be required to enter the injury questions. If the Manner of Death is Natural Causes, the Injury section will be protected and automatically skipped.

**Cause of Death (Part 2)**  
 Other significant conditions contributing to death.  
 Insulin-dependent Diabetes Mellitus

**Cause of Death (cont)**  
 Female Pregnant  
 8. NOT APPLICABLE.

**Manner of Death**  
 NATURAL CAUSES  
 ACCIDENT  
 COULD NOT BE DETERMINED  
 HOMICIDE  
 NATURAL CAUSES  
 NATURAL WITH INJURY  
 PENDING INVESTIGATION  
 SUICIDE

**Injury**  
 Transportation Injury? If Transportation Injury  
 Date of Injury Known? Date of Injury Time of Injury am/pm Place of Injury Injury at work?  
 Describe how Injury occurred

For Non-Natural deaths, if drug toxicity or poisoning was involved, please specify as much detail as possible. Please include the drug(s) involved and if they were prescribed. This includes Intoxication by drug. If not included in the cause of death section, include the details in the “Describe how injury occurred” field. For Natural cause deaths, with drug usage or addiction indicated, please specify the drug(s).

Indications of Non-Natural deaths would be any Fractures, injuries, traumas, wounds (please indicate the site), Asphyxiation, Aspiration, Exhaustion, Exposure, etc.

A common error observed is that Natural Causes is selected instead of Accident for the Manner of Death when a Hip Fracture is involved. This will typically result in the record being rejected back to you for correction. The following is an example of a properly completed death certificate involving a hip fracture:

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

Pending Investigation

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Pneumonia Approx. Interval - Onset to Death 2 Days

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Left Hip Fracture Approx. Interval - Onset to Death

c. Due to or as a Consequence of Fall At Nursing Home Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death. Dementia, Hypertension

Cause of Death (cont)

Female Pregnant 8. NOT APPLICABLE Manner of Death ACCIDENT Was Medical Examiner or Coroner Contacted? N Autopsy? N

Were Autopsy Findings Available to Complete Cause of Death? X

Injury

Transportation Injury? If Transportation Injury N

Date of Injury Known? Y Date of Injury 02/28/2016 Time of Injury 02:15 am/pm PM Place of Injury Nursing Home Injury at work? N

Describe how Injury occurred

Fell when getting out of bed.

Enter Y or N for the Medical Examiner or Coroner Contacted field. Enter Y or N for the Autopsy question. If Y, then the next question will also need to be answered (Were Autopsy Findings Available to Complete Cause of Death).

Cause of Death (cont)

Female Pregnant 8. NOT APPLICABLE Manner of Death NATURAL CAUSES

Was Medical Examiner or Coroner Contacted? Was Autopsy? Were Autopsy Findings Available to Complete Cause of Death?

Injury

Transportation Injury? If Transportation Injury

Date of Injury Known? Date of Injury Time of Injury am/pm Place of Injury Injury at work? X

Describe how Injury occurred

The time of death is not in military time so enter the time of death and then indicate am or pm. If the time of death was 12:00, then enter midnight or noon. For deaths that occur in a facility, you should not have deaths that have Unknown as the time of death. If you are completing a death certificate for a person that died outside of a licensed facility and the time of death is unknown, enter 9999 for the time of death and Unknown for the am/pm field. For deaths that were unattended, they are typically referred to a County Attorney or Coroner.

The screenshot shows a web-based form for a death certificate. The 'Attending Physician' section has fields for 'Date of Death' (05/18/2016) and 'Time of Death' (08:15). The 'Coroner/County Attorney' section has a 'Time of Death' dropdown menu open, showing options: AM, Midnight, Noon, PM, and UNKNOWN. The 'Death' section has fields for 'Tobacco Contribute?' (N), 'Has Organ or Tissue Donation been considered?' (A), and 'Was Cons' (A).

For the “Tobacco Contribute” question, enter Y for Yes, N for No, P for Probable, or U for Unknown. For the “Has Organ or Tissue Donation been considered” question, enter N or Y. If Y, then the “Was Consent Granted” question will also need to be completed. The Certifier section will remain empty until the record is signed. This information will be automatically filled in from information we have in a table.

The screenshot shows the 'Certifier' section of the death certificate form. It includes fields for 'Name of Certifier', 'Title', 'License Number', 'Address', 'City', 'State' (Nebraska), and 'Zip'. The 'Death' section is also visible, showing 'Tobacco Contribute?' (N), 'Has Organ or Tissue Donation been considered?' (A), and 'Was Consent Granted?' (A).

When the record is completed, enter Y in the “Medical Complete” question. This also pertains to records that the Manner of Death is Pending Investigation. You are completing and signing the record for the information you currently have so statutory timelines can be met. If it is pending investigation, the record will be filed and queried back to you to obtain complete information when it is known.

If a required field was skipped, the system will let you know. In this case, the Medical Examiner contacted question was skipped.

The screenshot shows a web-based form for medical records. The form is divided into sections: "Attending Physician", "County Attorney or Coroner", and "County".

- Attending Physician section:**
  - Medical Complete (Y/N)?**: A dropdown menu with "Y" selected.
  - Complete Date**: A date field with two slashes (//).
  - Completed by**: A text field.
  - Physician Sign?**: A dropdown menu.
  - Date Signed**: A date field with two slashes (//).
  - Signed by**: A text field.
  - Reject to Attending Physician**: A checkbox.
- County Attorney or Coroner section:**
  - Signed OK to Cremate**: A dropdown menu.
  - Date S**: A date field with two slashes (//).
  - Coroner/Attorney Sign?**: A dropdown menu.
  - Date**: A date field with two slashes (//).
- County section:**
  - Signed OK to Cremate**: A dropdown menu.
  - Date S**: A date field with two slashes (//).
  - Registrar Sign?**: A dropdown menu.
  - Date Filed by Registrar**: A date field with two slashes (//).
  - Registrar Name**: A dropdown menu with "Cooper, Stanley S." selected.
  - System Use Only**: A dropdown menu.

A pop-up error message is displayed in the center of the form:

Was-medical-examiner-contacted must be answered before record can be marked complete

The pop-up has an "OK" button.

When selecting OK, the following pop-up will occur. Select Re-Key the field and the system will return to the missed question.

The screenshot shows a pop-up dialog titled "Invalid value".

On the left side, the following information is displayed:

- Field Name:** D2\_DR\_COMPLETE
- Field Label:** Medical Complete (Y/N)?
- Tab Section:** Complete
- Paragraph:** Attending Physician
- Edit Number:** 15
- Query Location:**

On the right side, there are two sections of buttons:

- Bypass Variable Values:**
  - Queried and Verified - 1
  - Queried - Not Verified - 2
  - Review Needed - 3
  - Query Needed - 4
- Missing Variable Values:**
  - A dropdown menu.
  - Query Location:** A text field.

At the bottom of the dialog, there are four buttons: "Re-Key", "Override", "Query Field", and "Skip".

**Cause of Death (Part 2)**

**Other significant conditions contributing to death.**  
 Insulin-dependent Diabetes Mellitus

**Cause of Death (cont)**

**Female Pregnant**  
 8. NOT APPLICABLE.

**Manner of Death**  
 NATURAL CAUSES

**Was Medical Examiner or Coroner Contacted?** ☐ **Autopsy?** ☒ **Were Autopsy Findings Available to Complete Cause of Death?** ☒

**Injury**

**Transportation Injury?** ☐ **If Transportation Injury**

**Date of Injury Known?** ☐ **Date of Injury**  **Time of Injury**  **am/pm**  **Place of Injury**  **Injury**

Answer the skipped question and then go back to the medical complete question. If field edits were over-ridden, you may need to verify one more time before being able to sign. Otherwise, after entering Y in the Medical Complete Field, the cursor will advance to the Physician Sign field.

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

**Funeral Home**

**Embalmer Signed (Y/N)?** ☐ **Date Signed**  **Funeral Director / Embalmer Name**  **Embalmer License #**

**Record Complete (Y/N/R)?** ☐ **Complete Date**  **Record Completed by**  **Fun. Home License #**

**Attending Physician**

**Medical Complete (Y/N)?** ☒ **Complete Date**  **Completed by**

**Physician Sign?** ☐ **Date Signed**  **Signed by**

☐ **Reject to Attending Physician**

**County Attorney or Coroner**

**Signed OK to Cremate** ☐ **Date Signed**  **OK to Cremate Signed by**  **Title**

**Coroner/Attorney Sign?** ☐ **Date Signed**  **Signed by**

**County**

**Signed OK to Cremate** ☐ **Date Signed**  **OK to Cremate Signed by**  **Title**

**Registrar Sign?** ☐ **Date Filed by Registrar**  **Registrar Name**  **System Use Only**

Enter a Y and then Save the record by clicking on the Save icon.

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

**Funeral Home**

Embalmer Signed (Y/N)?	Date Signed	Funeral Director / Embalmer Name	Embalmer License #
	//		
Record Complete (Y/N/R)?	Complete Date	Record Completed by	Fun. Home License #
N	//		9999

**Attending Physician**

Medical Complete (Y/N)?	Complete Date	Completed by
Y	06/04/2016	Wild Strike
Physician Sign?	Date Signed	Signed by
Y	06/04/2016	Wild Strike
<input type="checkbox"/> Reject to Attending Physician		

**County Attorney or Coroner**

Signed OK to Cremate	Date Signed	OK to Cremate Signed by	Title
	//		
Coroner/Attorney Sign?	Date Signed	Signed by	
	//		

**County**

Signed OK to Cremate	Date Signed	OK to Cremate Signed by	Title
	//		
Registrar Sign?	Date Filed by Registrar	Registrar Name	System Use Only
	//	Cooper, Stanley S.	

An email will automatically be generated to the funeral home letting them know that the certifier has signed the record.

If you want to print a copy for your records, go to Requests→Documents and then either select if you want a condensed version (letter size) or the full version (legal size).

Death (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Dec History Disposition Cause of Death Certifier Demographics Complete Flags Fax

**Funeral Home**

Embalmer Signed (Y/N)?	Date Signed	Funeral Director / Embalmer Name	Embalmer License #
	//		
Record Complete (Y/N/R)?	Complete Date	Record Completed by	Fun. Home License #
N	//		9999

**Attending Physician**

Medical Complete (Y/N)?	Complete Date	Completed by
Y	06/04/2016	Wild Strike
Physician Sign?	Date Signed	Signed by
Y	06/04/2016	Wild Strike
<input type="checkbox"/> Reject to Attending Physician		

**County Attorney or Coroner**

Signed OK to Cremate	Date Signed	OK to Cremate Signed by	Title
	//		
Coroner/Attorney Sign?	Date Signed	Signed by	
	//		

**County**

Signed OK to Cremate	Date Signed	OK to Cremate Signed by	Title
	//		
Registrar Sign?	Date Filed by Registrar	Registrar Name	System Use Only
	//	Cooper, Stanley S.	

If there are questions concerning the record, you will either receive a faxed query or the record will be rejected. If it is queried, an email will be generated indicating the record has been queried and that you should soon be receiving a fax. If it is rejected, an email will be generated indicating the record was rejected. If it is rejected, an electronic note indicating the reason will be attached to the record.

At the bottom of the record, you will notice a Note Present. Sometimes, funeral homes will also attach a note indicating the time of death. Please review notes when they are present.

The screenshot shows a web-based form for a death record. At the top, there are fields for 'Female Pregnant' (8. NOT APPLICABLE) and 'Manner of Death' (NATURAL CAUSE). Below these are checkboxes for 'Was Medical Examiner or Coroner Contacted?' (N), 'Autopsy?' (N), and 'Were Autopsy Findings Available to Coroner?' (X). The 'Injury' section includes a dropdown for 'Transportation Injury?', a text field for 'If Transportation Injury', and fields for 'Date of Injury Known?', 'Date of Injury', 'Time of Injury', 'am/pm', and 'Place of Injury'. A large text area is labeled 'Describe how Injury occurred'. At the bottom of the form, a green button labeled 'NOTE PRESENT' is circled in red. The text 'Editing an existing event.' is visible to the left of the button.

To display the note, double click on the green Note Present. You can also display the note by selecting Actions → Show Notes.

The screenshot shows the 'Actions' menu of a software interface. The menu is open, displaying a list of options: 'Number Record (SFN)', 'Document Tracking', 'Activate/Deactivate', 'Review Errors/Queries', 'Scan Image', 'Load Image From File', 'Load PDF/Word Document', 'Display Image/Document', 'Type From Image', and 'Show Notes'. The 'Show Notes' option is circled in red. The background shows a form with fields for 'Decedent First Name' (Joe), 'Pending Investigation', and 'Cause of Death (Part 1)' (Chronic Obstructive Pulmonary Disease).



Event Notes

Event Group	Field Name	Modify User ID	Modify User Name	Create Date	Modify Date	Is Active?	Is N
DEATH	--Record--	10907	mmille2	6/4/2016 10:26:35 PM	6/4/2016 10:27:26 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Field Name: --Record-- ☒ Is note for a record? ☒ Is Active?

Field Label: (Record Note)

Please specify the site of the cancer.

New Save Cancel Edit Delete Close

rv? If Transportation Injury

If you need to search for any records assigned to your location and previously completed, select Search→Death. Enter enough information to locate the record.

File Search Work Queue Tools Help

Death  
Message System  
Physician

Nebraska Vital Re  
Electronic Registration Sy  
Help Desk Support (402) 4

Demo of QSTVRS - bf925s52

**MESSAGE OF THE DAY**

**ATTENTION ALL USERS!**

...

Search - Death

File Search Requests Work Queue Tools Help

Search Criteria Results

State File Number Date of Death Date of Birth Year

P/E? Death State

Record Status

First Name Middle Name Last Name Suffix

Joe

Soundex Code

Certifier Assigned Dr Sign?

Coroner/Attorney Sign? Certifier Type


Alias First Name Alias Middle Name Alias Last Name

Funeral Home

Reset/Clear Search

Search Event

If your contact information changes such as your phone, fax or email address, you can change this yourself or staff that has access to the system can also change the information for you. Select Search→Physician.

 Netsmart VRS - Home

File Search Work Queue Tools Help

Death  
Message System  
Physician

Nebraska Vital Records  
Electronic Registration System  
Help Desk Support (402) 471-827

Demo of QSTVRS - bf925s52

**MESSAGE OF THE DAY**

**ATTENTION ALL USERS!**  
Using someone else's user name to log-in is a violation of security provisions for electronic filing. You MUST use your own user name to log-in. Email DHHS.VRRS@nebraska.gov to request additional user names.

Enter enough information to find the system user(s) that need updated and then select Search. Then select and display the record that needs changed.

Search - Physician

File Search Requests Work Queue Tools Help

Search Criteria Results

First Name Last Name License Number

Lucy

Phone # Fax # Email 1

( ) - ( ) -

Email 2

Reset/Clear Search

Search Event

Search - Physician

File Search Requests Work Queue Tools Help

Search Criteria Results

First Name	Last Name	License Number	Phone #	Fax #	Email 1
Lucy	Strike	43217	4024710919	4027422338	mark.miller@nebraska.gov

Reset/Clear Display Records Found: 1

Search Event

Update the appropriate fields and select Save.

Physician (Event Year = 2016)

File Search Requests Actions Work Queue Linking Tools Help

**Physician** Flags

**Physician**

First Name Last Name  
Lucy Strike

License Number  
43217

Certifier Type  
Nurse Practitioner

**Contact**

Preferred Contact Phone Extension Fax Number  
Email (402)471-0355 (402)742-2338

Email Address Second Email Address  
mark.miller@nebraska.gov

**Address**

Location

Under Help, you will find other useful information including the “Handbook for Physicians” created by the National Center for Health Statistics. It has further detail on how to properly fill out a death certificate and the importance of accurate and complete cause of death information. Also, go to the Subscription Page link and select Death. Please subscribe to this page. This is how we will inform you of new information that pertains to the death certificate or death system. The Vital Statistics Reports has a section on death statistics. Please review if you would like to see how the cause of death data are published.



If you have any questions, please do not hesitate to call.

Questions on **how to** enter a record or system questions:

Vital Records Help Desk Phone: (402) 471-8275

Questions on **what to** put in a field:

Debra Firman, Nosologist (402) 471-0912

Christine Noren, Nosologist (402) 471-0912